DOCUMENT RESUME

ED 138 682 UD 016 938

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TITLE Pre-Kindergarten Program for Hospitalized Handicapped Children. School Year 1974-75.
INSTITUTION New York City Board of Education, Brooklyn, N.Y. Office of Educational Evaluation.
PUB DATE 75
NOTE 31p.; New York City Board of Education Function No. 09-56604

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS *Handicapped Children; *Hospitalized Children; *Preschool Children; Preschool Education; *Preschool Programs; Program Effectiveness; *Program Evaluation; Self Concept
IDENTIFIERS *Elementary Secondary Education Act Title VI; ESEA Title VI; *New York (New York)

ABSTRACT

The Pre-Kindergarten Program for Hospitalized Children funded under Elementary Secondary Education Act Title VI was designed to offer pre-school instruction from September 1974, through June 1975 to handicapped and hospitalized pre-kindergarten children. The services of the program included diagnosis, individual and group instruction, and remediation in a curriculum consisting of organized play activities, experiences in social interaction, development of intellectual skills, etc. The program sample consisted of a total of 15 children from New York City hospitals. The children ranged from 2 years and 3 months to 5 years and 1 month, with the mean age of 4 years and 7 months. Results indicated that at the conclusion of the school year: 90% of the children were rated above average in accepting their physical disability, 55% were rated above average in their ability to communicate with teachers and peers, 100% of the children were rated by the teacher as not lower than between "usually and sometimes" in their ability to work and to play with other children and to conform to group routines. One of the most impressive aspects of the program was the outstanding dedication of the teachers and paraprofessional staff. (Author/AM)

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EVALUATION REPORT

Function No. 09-56604

ED138682

PRE-KINDERGARTEN PROGRAM FOR HOSPITALIZED HANDICAPPED CHILDREN

School Year 1974-75

Erik Mortensen, Ed.D.

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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UD016938

An evaluation of a New York City school district educational project funded under Title VI of the Elementary and Secondary Education Act of 1965 (PL 89-10) performed for the Board of Education of the City of New York for the 1974-75 school year.

Dr. Anthony J. Polemeni, Director

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CHAPTER I: THE PROGRAM

I. Program Description

The Pre-Kindergarten Program for Hospitalized Handicapped Children was designed to offer pre-school instruction from September, 1974 through June, 1975, to pre-kindergarten children who are handicapped and hospitalized. Approximately twenty boys and girls were scheduled to receive the services of two licensed early childhood teachers and two educational assistants. One class each was held in special classrooms from 9:00 a.m. to 3:00 p.m. at Kings County Hospital, Brooklyn, New York, and at St. Mary's Hospital in Bayside, New York.

The services have included diagnosis, individual and group instruction, and remediation in a curriculum consisting of:

(a) Organized play activities to improve existing motor skills and to develop new ones.

(b) Experiences in social interaction so that these physically handicapped children, who are often deprived of contacts with other children, may develop those social skills commonly learned by children in a group situation.

(c) Development of intellectual skills such as improved language ability, correct speech, and improved abilities in self-expression.

(d) Exploration of appreciations and attitudes through the development of an interest in listening to stories, participation in music and rhythm activities in purposeful play.

(e) Discovery and encouragement of special talents and abilities.

(f) An early identification program to plan for special needs at the earliest possible time.

(g) Careful record keeping so that information gathered by the teacher will be available to all present and future members of the interdisciplinary team.

In order to achieve these general objectives, the following methods were employed:

(a) Individual instruction.

(b) Group instruction.

(c) Whole-class instruction.

(d) Experience charts.

(e) Plays and dramatizations.

(f) Puppetry.

(g) Story-telling.

(h) Field trips throughout hospital and hospital grounds.

(i) Educational games.

(j) Singing and dancing.

Supplies used for the program have included audio-visual equipment and materials, and appropriate games, such as block and peg sets, rhythm instruments, construction sets, puppets, and puzzles. Previously purchased equipment and materials have also been utilized. They included a phonograph with head phone jacks, a film strip projector, a library of film strips, a tape recorder, a projection screen, records, and a film strip cabinet. All staff members connected with this program were qualified to operate all equipment used in the program.

The following criteria were used in selecting children to participate:

(a) Children had to be of pre-school age.

(b) Children had to be hospitalized.

(c) Children had to be handicapped.

II. Program Objectives

The objectives of the program were as follows:

Objective 1

At the conclusion of the program, 60% of the children will be rated "above average" by the teacher as accepting their physical disability.

Objective 2

At the conclusion of the program, 60% of the children will be rated "above average" by the teacher in their ability to communicate with teachers and peers.

Objective 3

At the conclusion of the program, 60% of the children will be rated between "usually and sometimes" in their ability to work and play with other children and conform to group routines by the teacher.

Objective 4

At the conclusion of the program, 60% of the children will be rated "above average" in their demonstration of self-confidence in learning situations by the teacher.

Objective 5

At the conclusion of the program, 60% of the children will know 3 colors, 3 shapes, and distinguish between large-small or heavy-light as measured by the teacher.

III. Student Population

The sample consisted of a total of 15 children in the designated hospitals in New York City: 10 children at St. Mary's Hospital and 5 at Kings County. In addition, 5 children were pre-tested but left the program before post-testing was carried out. Kings County expeienced a high attrition rate, while children at St. Mary's Hospital were generally hospitalized for prolonged periods of time. However, it should be noted that a high attrition rate in this kind of a program generally means that students are sufficiently healthy to leave the hospital. Many of the children were ambulatory. Thus, Kings County has more ambulatory children, while St. Mary's has more non-ambulatory. There is also considerable difference between the recorded medical reasons for the children's hospital confinement in the two hospitals.

(a) Children at St. Mary's Hospital were confined because of:

- asthma
- diabetes
- gastrostomy and esophophageal stricture
- arthrogryposis and multiplex congenia
- phocomelia
- quadriparesis and congenital dislocated hip
- cystic fibrosis and meconium ileus
- cystic fibrosis and retinblastoma

(b) Children at Kings County were confined because of:

- old burns and scar revision
- mentally retarded
- leukemia

- retarded and hard of hearing

- tuberculosis and meningitis

The children ranged from 2 years and 3 months to 5 years and 1 month, with the mean age of 4 years and 7 months.

CHAPTER II: EVALUATIVE PROCEDURES

In accordance with the objectives of the program, parallel objectives for evaluation were as follows:

Evaluation Objective 1

To determine whether, as a result of the project, 60% of the children who attend at least two thirds of the program will be rated "above average" in accepting their physical disability.

Evaluation Objective 2

To determine whether, as a result of the project, 60% of the children who attend at least two thirds of the program will be rated "above average" by the teacher in their ability to communicate with teachers and peers.

Evaluation Objective 3

To determine whether, as a result of the project, 60% of the children who attend at least two thirds of the program will be rated between "usually" and "sometimes" in their ability to:

(a) work with other children;

(b) play with other children;

(c) conform to group routines.

Evaluation Objective 4

To determine whether, as a result of the project, 60% of the children who attend at least two thirds of the program will be rated "above average" in their demonstration of self-confidence in learning situations by the teacher.

Evaluation Objective 5

To determine whether, as a result of the project, 60% of the children who attend two thirds of the program will, by the conclusion of the program:

(a) know three colors and three shapes;

(b) distinguish between large-small or heavy-light.

Evaluation Objective 6

To determine the extent and kind of implementation of the program as actually carried out; to determine physical, budgetary, staff, and equipment implementation and the extent of implementation of the teaching program and the effectiveness of the teaching methods and program.

According to criteria set forward in the program objectives, a multi-item, five-point rating scale was devised by the teachers and the evaluator. This scale, a copy of which is appended, was administered by the teachers in October and at the conclusion of the program. Each child in the program received a separate rating from the teacher on all of the criteria outlined above. Calculations of the number of children who have attained each of the ratings above have been made in terms of percentages and are presented in tabular forms in this report.

CHAPTER III: FINDINGS

During the year, the evaluator observed the program in both classrooms. These observations, in addition to several interviews and discussions with teachers in the program and the examination of records, revealed that the program was carried out as indicated in the project proposal.

An examination of the five-point evaluation instrument (see Appendix) revealed the following behavioral gains among those 15 children who participated in both pre- and post-testing:

(a) Results indicated that at the conclusion of the school year, 90% of the children were rated above average in accepting their physical disability (see Table I). This objective was fully realized.

(b) Results indicated that at the end of the school year, 55% were rated above average in their ability to communicate with teachers and peers (see Table I). As the criterion of success was that 60% of the children would be rated above average, it must be considered this objective was not met in a completely satisfactory manner.

(c) Results indicated that at the end of the school year, 100% of the children were rated not lower than between "usually and sometimes" in their ability to work and to play with other children and conform to group routines by the teacher (see Table I). This objective was fully realized.

TABLE I
(Objectives 1-4)

St. Mary's Subject #	Objective 1		Objective 2		Objective 3		Objective 4	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
1	2.8	1.6	1.4	1.1	2.0	1.4	1.9	1.1
2	3.2	1.4	3.3	1.4	3.2	1.7	2.9	1.5
3	4.0	2.6	3.6	2.4	3.0	1.9	3.1	2.1
4	2.9	2.1	2.1	1.7	1.8	1.2	2.8	1.9
5	3.6	2.6	3.9	2.6	2.2	1.2	4.3	2.6
6	3.4	2.1	4.4	2.7	3.2	2.1	3.9	2.3
7	3.7	2.4	4.3	3.2	3.9	2.3	4.4	3.2
8	3.7	2.0	4.4	3.2	3.9	2.3	4.3	2.8
9	4.2	2.9	4.2	3.3	4.5	3.2	4.6	3.1
10	2.7	1.4	2.0	1.3	2.4	1.0	3.0	1.1

Kings County Subject #	Objective 1		Objective 2		Objective 3		Objective 4	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
1	3.8	2.2	2.9	1.1	3.4	1.1	3.8	2.2
2	4.1	3.5	4.8	4.2	3.7	3.5	4.1	3.5
3	1.7	1.6	1.6	1.3	3.5	1.6	3.5	1.7
4	3.6	3.5	4.0	3.7	4.5	3.7	3.6	3.5
5	4.8	4.0	4.4	3.8	4.9	3.9	4.8	4.0

Explanations: Two types of questions were used with the following rating scale:

Example (positive behavior):
1. always
2. usually
3. frequently
4. sometimes
5. never

Example (negative behavior):
1. never
2. sometimes
3. frequently
4. usually
5. always

N.B.: As the criteria for the evaluation of Objective 5 were formulated differently from the preceding objectives, the corresponding achievements are presented separately in Table II.

TABLE II
(Objective 5)

St. Marys Subject #	Question #1		Question #2		Question #3		Question #4	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
1	1	1	1	1	1	1	1	1
2	1	4	3	4	4	1	5	3
3	4	4	2	4	4	2	5	3
4	2	2	3	3	4	1	5	3
5	2	2	3	3	4	1	5	5
6	4	4	2	4	5	4	5	4
7	2	4	4	4	5	4	5	4
8	4	4	2	4	5	4	5	4
9	2	4	3	4	4	3	5	4
10	1	1	1	1	1	1	1	1

Kings County Subject #	Question #1		Question #2		Question #3		Question #4	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
1	1	4	1	4	4	1	4	1
2	1	1	1	2	5	4	5	4
3	1	4	4	4	1	1	1	1
4	1	2	1	1	5	4	5	4
5	1	2	1	3	5	1	5	1

Explanations:

Question #1: Knowledge of color (1 = no colors known, 2 = one color known, 3 = two colors known, 4 = three colors known).

Question #2: Knowledge of shapes (1 = no shapes known, 2 = one shape known, 3 = two shapes known, 4 = three shapes known).

Question #3: tinguish between large and small (1 = always, ıally, 3 = frequently, 4 = sometimes, 5 = never).

Question # cinguish between heavy and light (same as above).

(d) Results indicated that at the end of the school year, 60% of the children were rated above average in their demonstration of self-confidence in learning situations by the teacher (see Table I). This objective was fully realized.

(e) Results indicated that at the end of the school year, 50% of the children knew three colors and three shapes and that they could distinguish between large-small and heavy-light (see Table II). As the criterion of success was that 60% would have attained these skills, this objective was not fully realized.

As previously mentioned, there were 10 children at St. Mary's Hospital and 5 at Kings County. It was also pointed out that there was a considerable difference between the recorded medical reasons for the children's hospital confinement in the two hospitals. Although the children at St. Mary's Hospital suffered from serious physical conditions, there were no mentally retarded among them. However, at Kings County, 2 out of the 5 children were listed as suffering from some form of mental retardation, i.e. 40% of the population. The following differences in achievements in the two hospitals should therefore be noted:

TABLE III

Objective	Kings County	St. Mary's Hospital
1	80%	100%
2	40%	70%
3	100%	100%
4	40%	80%
5	40%	60%

CHAPTER IV: SUMMARY OF MAJOR FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

The program appeared to be fully implemented and functioning as designed with minor modifications at both hospitals. The classrooms at both hospitals appeared to be bright and equipped with appropriate educational and play materials. Observations of class sessions and interviews with program personnel provided considerable evidence that more than just the total objectives of the program were successfully attained. It should be noted that the hospital program helps the child to adjust to the hospital environment. Many children feel lost and fearful when they are admitted to a hospital. The hospital program offers them an important and constructive kind of diversification.

Observations indicated that the paraprofessionals who were assigned to the program were constantly active, either involved in group or individual instruction, clerical tasks, or transporting children to and from the classroom.

One of the most impressive aspects of the program was the outstanding dedication of the teachers and paraprofessional staff. Teaching in a hospital requires special attitudes on the part of the teachers. Hospitalized children must be approached with much more patience and understanding than ordinary classroom students. Generally, there is a great deal of communication between teachers and students. In hospitals, teachers and doctors work as a team. Teachers often have to work with parents, too, to help them adjust to a new life situation which may radically change their life style and priorities. Student motivation is generally very high and there are no outside distractions. There is an

unusually high morale among teachers in these hospital programs (see Appendix B).

There is a need to introduce some minor modification in the evaluation instrument. Thus, Question #2, Objective 3, which reads: "Fights with peers. Tries to dominate other children," should be divided into two separate questions, as there is not a high correlation between fighting and dominating. Likewise, Question #6, Objective 3, which reads: "Puts things away in the classroom and shares materials," should be divided into two separate questions. Finally, the order of numbers of Questions #1 and #2, Objective 5 (colors and shapes), should be reversed to correspond to other scales in the instrument.

It has been suggested by one of the teachers that a different format of the evaluation instrument be considered for the next school year. At present, one instrument is used for each child; one for pre-testing and one for post-testing. It is suggested that a new form be developed which will enable the teacher to evaluate 9-10 children on one instrument.

Inasmuch as Objectives 1, 3, and 4 were fully met by both hospital-schools, and Objectives 2 and 5 were fully met by St. Mary's Hospital, the program is considered successful. This was particularly true in the case of Objectives 1 and 3. Aside from meeting the criteria set for the program, it should be noted that, as demonstrated by the data provided in Tables I and II, important behavioral gains were made by <u>all</u> the students in the program.

This program has provided essential services to hospitalized handicapped children who are in their formative years and confined for a great length of time in a hospital climate away from their parents. In summary, the Pre-Kindergarten Program for Hospitalized Handicapped Children was very effective according to the evaluation. It is an important and highly

desirable project that should be considered for recycling for the next school year.

The following recommendations were made for the purpose of suggesting specific ways in which a sound and highly desirable program may be further improved. They represent a compilation of what the evaluator considers to be most pertinent on the basis of the evaluation.

1. The Pre-Kindergarten Program for Hospitalized Handicapped Children should be recycled and expanded to include more hospital sites in New York City.
2. Full funding of the Program should be continued.
3. Because of the high attrition rate in hospital programs, pre- and post-tests should be given to all children even though they may not stay for the complete designated period of time.
4. It is recommended that in the future greater emphasis be placed upon the fifth objective.
5. Funding should be increased and allocated specifically for:
   (a) Adding staff personnel so that the program can achieve the highest possible effectiveness and quality.
   (b) Improving physical facilities, particularly at Kings County Hospital.
   (c) Improving the audio-visual equipment and acquiring more special education materials, specially designed for the physically handicapped.

6. It is recommended that the evaluation instrument be modified as indicated above.
7. The Program should be used as a model to be employed for hospitalized handicapped children in other locations.

EVALUATION OF PROJECT #09 - 56604

PRE-KINDERGARTEN PROGRAM FOR HOSPITALIZED HANDICAPPED CHILDREN

Evaluation Instrument for Objectives 1 - 5

Erik Mortensen, Ed.D.
Evaluator
1974 - 75

DESCRIPTIVE DATA FOR EACH CHILD BEING EVALUATED

1. NAME: _____

2. DATE OF BIRTH: _____
(Month) (Year)

3. ENTERED PROJECT: _____
(Month) (Year)

Has the child left the project? Yes ( ) No ( )

If discharged, give date: _____
(Month) (Year)

Total number of months in project: _____
(To be recorded here in 6/75)

4. HEALTH CHARACTERISTICS AND/OR PHYSICAL HANDICAPS:

OPTIONAL INFORMATION

5. FREQUENCY OF PARENT CONTACT:

often ( ), occasional ( ), erratic ( ),

seldom ( ), never ( ).

Project # 09 - 56604

PRE-KINDERGARTEN PROGRAM FOR HOSPITALIZED HANDICAPPED CHILDREN

Objective # 1:

At the conclusion of the program 60% of the children will be rated above average by the teacher in accepting their physical disability. This will be determined as a result of the administration of a 5-point rating scale.

1. Engages in tasks made difficult because of the precise limitations imposed by his particular handicap.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

2. Is helpful to other children who are engaged in tasks made difficult by their physical handicap.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

3. Appears willing to follow procedures suggested to him by members of the hospital staff in connection with his handicap.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

4. Is reluctant to attempt new tasks.

    1. never
    2. sometimes
    3. frequently
    4. usually
    5. always

5. Seems generally happy rather than depressed.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

6. Is eager to acquire new knowledge or skills.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

7. Exhibits and/or expresses curiosity in connection with other children or elements in the environment.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

8. Attempts to function independently whenever possible.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

9. Asks for help from peers or adults when needed.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

Objective # 2:

At the conclusion of the program 60% of the children will be rated above average by the teacher in their ability to communicate with teachers and peers.

1. Knows and uses names of adults and peers in classroom.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

2. Speaks freely to peers and adults in school.

   1. always
   2. usually
   3. frequently
   4. sometimes
   5. never

3. Recognizes and names objects in classroom.

   1. always
   2. usually
   3. frequently
   4. sometimes
   5. never

4. Narrates personal experiences.

   1. always
   2. usually
   3. frequently
   4. sometimes
   5. never

5. Expresses feelings in words rather than through crying and temper tantrums.

   1. always
   2. usually
   3. frequently
   4. sometimes
   5. never

6. Demonstrates clearly a need for assistance when frustrated with materials in classroom.

   1. always
   2. usually
   3. frequently
   4. sometimes
   5. never

7. He speaks in sentences.

   1. always
   2. usually
   3. frequently
   4. sometimes
   5. never

8. Withdrawn from the group.

   1. never
   2. sometimes
   3. frequently
   4. usually
   5. always

9. Expresses personal feelings of pleasure or displeasure.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

10. Verbalizes his wants rather than uses gestures.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

Objective # 3:

At the conclusion of the program 60% of the children will be rated by the teacher between "usually" and "sometimes" in their ability to work and play with other children and conform to group routines.

1. Follows verbal directions.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

2. Fights with peers. Tries to dominate other children.

    1. never
    2. sometimes
    3. frequently
    4. usually
    5. always

3. Friendly to other children.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

4. Can wait his turn.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

5. Accepts and follows classroom routines.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

6. Puts things away in the classroom and shares materials.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

7. Pays attention when is spoken to by peers and adults.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

8. Asks permission to use other's things as ppposed to grabbing whatever he wants.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

9. Listens to and looks at films and books with the group.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

10. Appears to be happy and attentive during organized classroom activities.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

Objective # 4:

At the conclusion of the program 60% of the children will be rated by the teacher "above average" in their demonstration of self confidence in learning situations.

1. He is embarrassed and/or fearful when meeting new people.

    1. never
    2. sometimes
    3. frequently
    4. usually
    5. always

2. He is able to change from one activity to another with ease.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

3. Requires minimal assistance when working independently.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

4. Uses media creatively (such as clay, paint, sand).

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

5. Shows evidence of ability to apply specific learning to new, but related situations, (e.g. horses are large -- elephants are large, too).

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

6. Will continue in an activity on his own without having an adult participate with him or encourage him.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

7. Takes initiative to get involved in an activity.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

8. Seems self confident during outside experiences and unfamiliar situations off hospital grounds.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

9. Sings with joy and gusto.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

10. Attempts to give instruction to other children.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

Objective # 5:

At the conclusion of the program 60% of the children will know 3 colors, 3 shapes, and distinguish between large - small or heavy - light as measured by the teacher.

1. Knowledge of colors.

    1. no color known
    2. one color known
    3. two colors known
    4. three colors known

2. Knowledge of shapes.

    1. no shapes known
    2. one shape known
    3. two shapes known
    4. three shapes known

3. Can distinguish between large and small.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

4. Can distinguish between heavy and light.

    1. always
    2. usually
    3. frequently
    4. sometimes
    5. never

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New York, N.Y. 10027

Dear Dr. Mortensen:

As a newcomer to a pre-kindergarden program in a hospital, I have made the following observations. The children who enter our program have either serious physical or mental handicaps. This is usually their first contact with other children their own age. Under normal circumstances this first school experience is usually quite an adjustment. Children attending school for the first time experience separation anxieties from their mothers and homes and in addition are expected to learn to function in a social environment. The children in our program have the additional burden of their handicaps.

The growth and changes that occur from the start to finish of their stay in school is remarkable. At first these children are quite shy and seem unusually inhibited. Some refuse to attempt any tasks or communicate with anyone. This lasts a very short time. It becomes apparent that despite their handicaps they are determined to succeed especially when encouraged by their peers. The children are very helpful to each other.

I am very impressed with the program in lieu of the achievement and progress I have witnessed.

Cordially yours,

Wendy Blank

Wendy Blank

Function # 09-56604
Pre-Kindergarten Program for
Hospitalized Handicapped Children

Measures of growth other than Standardized Tests

30D. This question is designed to describe the attainment of approved objectives not normally associated with measurement by norm referenced standardized achievement tests. Such objectives usually deal with behavior that is indirectly observed, especially in the affective domain. For example, a reduction in truancy, a positive change in attitude toward learning, a reduction in disruptive behavior, an improved attitude toward self (as indicated by repeated interviews), etc., are frequently held to be prerequisite to the shift toward increased academic achievement by disadvantaged learners. Where your approved measurement devices do not lend themselves to reporting on tables 30A, B or C, use any combination of items and report on separate pages. Attach additional pages if necessary.

Component Code	Activity Code	Objective Code	
6 9 9 6 1	7 2 4	8 0 1	52

Brief Description Teacher evaluations of 15 children were made in October and May, 1975, using a five point rating scale which is attached. These evaluations were performed to measure shifts in attitude toward school, self and peers.

Number of cases observed: 1 5 Number of cases in treatment: 2 0

Pretreatment index of behavior (Specify scale used): A five point rating scale was developed by the teachers and the evaluator. The sample consisted of a total of 15 children in the designated hospital schools in New York City. There were five objectives.

Criterion of success: 60% of the children will be rated "above average" in Objectives 1-4; 60% of the children will know 3 color and shapes and distinguish between large-small or heavy-light.

Was objective fully met? Yes [x] No [ ] If yes, by what criteria do you know? Objectives 1,3, and 4 were fully met by all children. Objectives 2 and 5 were fully met by the children in one hospital and by 40% of the children at another hospital. Important behavioral gains were made by all the children.

Comments: It should be noted that 40% of the children in the latter hospital school suffered from some form of mental retardation.